

FEE TRANSMITTAL

Application Number 10/734,829

Art Unit 1624

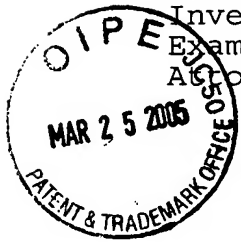
Filing Date December 12, 2003

Confirmation No. 5321

Inventor(s) David L. Brown et al.

Examiner Name Zinna Northington Davis

Attorney Docket Number PHA 4174.4 (3480/3)



☐ Applicant claims small entity status.

METHOD OF PAYMENT

☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____

Indep. Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____

Multiple Dependent Claims Fee \$ _____

(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. ☐ APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____

(Application + Drawings)

(round up to whole #)

Subtotal (3) \$ _____

4. ☒ OTHER FEE(S)

☒ Two month extension of time

☐ Information disclosure statement

☐ 37 CFR 1.17(q) processing fee

☐ Non-English specification

☐ Notice of Appeal

☐ Filing a brief in support of appeal

☐ Request for oral hearing

☐ Other: _____

Subtotal (4) \$ 450.00

TOTAL AMOUNT OF PAYMENT \$ 450.00

Bradley S. Schammel
Bradley S. Schammel, Reg. No. 54,667
Telephone: 314-231-5400

3/25/05
Date

BSS/skd
Express Mail Label No. EV 453252055 US

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